



CONGRESS OF THE UNITED STATES HOUSE OF REPRESENTATIVES

WASHINGTON, DC 20515



Consent for Release of Personal Records by Executive Agencies

Name of Agency: Congressman Chris Cannon

To Whom it May Concern:

I have sought assistance from Congressman Chris Cannon on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the *Privacy Act of 1974*.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Cannon or any authorized member of his staff until this matter is resolved.

_____	_____
Signature of Claimant	Print Name

Address of Claimant

_____	_____
Social Security Number	Date of Birth

_____	_____
Telephone Number for Claimant	Date

Do you currently have a case pending before a local, state, or federal court in regard to this matter? _____

Please provide a thorough explanation of you request for assistance:

Please return to the following:

Congressman Chris Cannon
51 S. University Ave, Suite #319
Provo, UT 84604
Phone (801) 851-2500
Fax (801) 851-2509